



**To:** Mary E. Switzer Building  
330 C St NW  
Washington, D.C.

**Date:** August 3, 2015

**Contract No.:** GS11P14MKC0010

**Project Name:** Switzer HHSC

**Attn:** Chris Hudson-Boyd, GSA Project Manager

**Project No.:** G14.312

**Sent Via:** Email/Jobsite - Hand Delivery

The following Certified Payroll is being transmitted for the above referenced project:

NO. OF COPIES	DESCRIPTION
<b>1 Original</b>	<b>CERTIFIED PAYROLLS</b>
<b>1 Copy</b>	ADJ Sheet Metal (sub of WE Bowers), W/E 07/19/15, 07/12/15
	Advanced Power Control (sub of WE Bowers), W/E 07/19/15, 07/12/15
	Capital Demolition, W/E 07/05/15
	Columbia Woodworking, W/E 07/12/15 NW
	Federal Painting, W/E 07/12/15, 06/07/15
	Grunley Construction, W/E 07/26/15, 07/19/15, 07/12/15
	LSSI (Singleton) , W/E 07/11/15 NW, 07/04/15 NW
	Singleton Electric, W/E 07/26/15, 07/19/15, 07/12/15
	Strickland Fire Protection, W/E 07/18/15, 07/11/15, 06/20/15 NW
	The Circle Group, W/E 07/19/15, 07/12/15
	W.E. Bowers, W/E 07/19/15, 07/12/15
	Wycliffe dba Powercomm, W/E 07/18/15 NW, 07/11/15 NW

Should you require additional information, please do not hesitate to contact us.

GRUNLEY CONSTRUCTION CO., INC.  
Certified Payroll Department  
J. Hernandez

**cc:** File

DATE: 07/22/15

I, Sheri Hill

, Payroll Manager

(Name of signatory party)

(Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by ADJ Sheet Metal, Inc. on the MARY SWITZER ;

that during the payroll period commencing on the 13 th day of July 2015 , and ending the 19th day of July 2015 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly. On behalf of said ADJ Sheet Metal, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

FICA, Medicare, Federal/State/Local Withholding Taxes

Child Support 55%, Child Support 65%, Service Charge

Union 401K, Apprentice Organizing, Dues Check Off

Organizing Assessment, Scholarship Fund, SMART Assessment

Vacation / PAL per hour

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

REMARKS:

Sub of W.E. Bowers

Sheri Hill

Payroll Manager

Signature: \_\_\_\_\_

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

4510 Graphics Drive  
White Plains, MD 20695

01-0581604  
Payroll Certification Report  
14286-MARY SWITZER  
Contract: 15008

07/13/15 To 07/19/15

		07/13/15 To 07/19/15							<--DEDUCTIONS-->				Emp No		
Name	Exmp	HOURS WORKED							Job Pay	FIT		Minority			
Address									Tot Pay	FICA	Union	Gender			
SS No	EARN	MON	TUE	WED	THU	FRI	SAT	SUN	WEEK	PAY	JOB	Nontax Frg	ST TAX	Misc.	Check #
Trade Desc	CODE	07/13	07/14	07/15	07/16	07/17	07/18	07/19	TOTAL	RATE	WAGES	Tax Frg	LOC TAX	Total	Tot Net
Jenkins, Jason R	REG	8.00							8.00	27.210	217.68	217.68	231.17		ENKINS JA
	TOT								8.00			1,292.48	98.87	111.15	WHT
												134.56	59.57	129.76	Male
													32.10	662.62	150719079
Sheet Metal Apprentice 5yr 3-B															629.86
Jenkins, John D	REG	8.00							8.00	40.790	326.32	326.32	495.57		ENKINSJ
	TOT								8.00			2,610.56	199.71	188.72	WHT
												137.52	124.20	392.00	Male
													55.81	1,456.01	150719080
Sheet Metal Journeyman															1,154.55
Mahar, Michael S	6REG	4.00							4.00	40.790	163.16	163.16	129.96		AHARM
	TOT								4.00			1,816.22	124.82	134.80	WHT
												68.76	57.19	177.77	Male
													44.05	668.59	150719102
Sheet Metal Journeyman															1,147.63

←--DEDUCTIONS-->							
Job Hours	Job Pay Tot Gross	NonTax Fringe Taxable Fringe	FIT FICA	State Local	Union Miscellaneous	Tot Deductions	Tot Net
20.00	707.16	340.84	856.70	240.96	434.67	2,787.22	2,932.04
	5,719.26		423.40	131.96	699.53		

WEEK NUMBER: 31



DATE: 07/15/15

I, Sheri Hill, Payroll Manager  
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by ADJ Sheet Metal, Inc. on the MARY SWITZER ;

that during the payroll period commencing on the 6th day of July 2015, and ending the 12th day of July 2015 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly. On behalf of said ADJ Sheet Metal, Inc. from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 3145), and described below:

FICA, Medicare, Federal/State/Local Withholding Taxes

Child Support 55%, Service Charge, Union 401K

Apprentice Organizing, Dues Check Off, Organizing Assessment

Scholarship Fund, SMART Assessment, Vacation / PAL per hour

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)

EXPLANATION

REMARKS:

Sub of W.E. Bowers

Sheri Hill  
Payroll Manager

Signature: \_\_\_\_\_

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



4510 Graphics Drive  
White Plains, MD 20695

01-0581604  
Payroll Certification Report  
14286-MARY SWITZER  
Contract: 15008

07/06/15 To 07/12/15

Name	Exmp	<----- HOURS WORKED ----->										Job Pay	<--DEDUCTIONS-->			Emp No
Address												Tot Pay	FIT	FICA	Union	Minority
SS No	EARN	MON	TUE	WED	THU	FRI	SAT	SUN	WEEK	PAY	JOB	Nontax Frg	ST TAX	Misc.	Check #	
Trade Desc	CODE	07/06	07/07	07/08	07/09	07/10	07/11	07/12	TOTAL	RATE	WAGES	Tax Frg	LOC TAX	Total	Tot Net	
Mahar, Michael S	6REG					4.00			4.00	40.790	163.16	163.16	129.96		AHARM	
	TOT								4.00			1,743.27	124.82	134.80	WHT	
												68.76	57.19	177.77	Male	
													44.05	668.59	150712099	
Sheet Metal Journeyman															1,074.68	

(b) (6)

<-----DEDUCTIONS----->							
Job Hours	Job Pay Tot Gross	NonTax Fringe Taxable Fringe	FIT FICA	State Local	Union Miscellaneous	Tot Deductions	Tot Net
4.00	163.16	68.76	129.96	57.19	134.80	668.59	1,074.68
	1,743.27		124.82	44.05	177.77		

WEEK NUMBER: 30

# Certified Payroll Report

**JOB #: 644160**

**Mary Switzer Building**

00054698

**Payroll Week Ending 07/19/2015**

Payroll No.

33

**David A Matthews**

SooSectNo.	Wages	Reimb	FICA MC	FICA SS	Federal	State	Other/Local	Net Pay	Check#
XXX-XX-5921	1,357.50		16.59	70.96	117.61	80.96		828.08	73678
					Union Ded	Other Ded	Total Ded/Tax		
						243.30	529.42		

  

Classification	Pay Type	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Pay Rate	Job Wages	Fringes
Journeyman-Electrici	Journeyman	07-13	07-14	07-15	07-16	07-17	07-18	07-19				
		5.00							5.00	48.0000	240.0000	7.58
									5.00		240.0000	

James L. Barry

	SocSecNo.	FICA MC	FICA SS	Federal	State	Other/Local	Net Pay	Check#
(b) (6)		24.17	103.37	121.50	88.93		1,188.54	73673
	Wages							
	1,868.76							
				Union Ded	Other Ded	Total Ded/Tax		
					342.25	680.22		

  

Classification	Pay Type	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Pay Rate	Job Wages	Fringes
Journeyman OT	Journeyman OT	07-13	07-14	07-15	07-16	07-17	07-18	07-19				
					0.50				0.50	72.7200	36.3600	
Journeyman-Electrici	Journeyman	8.00	8.00		8.50	7.50			32.00	45.8100	1,465.9200	
								Total	32.50		1,502.2800	10.65

Tarl C Escudero

Classification	Pay Type	Wages							FICA MC	FICA SS	Federal	Stats		Other/Local	Net Pay	Check#
		Mon	Tue	Wed	Thu	Fri	Sat	Sun				Other Ded	Total Ded/Tax			
Journeyman-Electrici	Journeyman	8.00	8.00	8.00	8.00	8.00			26.16	111.86	178.77	114.94		1,223.03	73680	
		Total									40.00	49.0000	1,960.0000	6.58		
											40.00	305.24	736.97			

Date 7/22/2015

I, JEANNIE THWAITES CONTROLLER  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
ADVANCED POWER CONTROL, INC on the  
(Contractor or Subcontractor)

Mary Switzer Bldg, that during the payroll period commencing on the

13 day of July, 2015, and ending the 19 day of July, 2015,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

ADVANCED POWER CONTROL, INC from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 567; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such employees,  
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
Jeannie Thwaites - Controller	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	





**Certified Payroll Report**

**JOB #:** 644160

Mary Switzer Building

00054698

**Payroll Week Ending**  
07/12/2015

**Payroll No.**

32

Total

32.00

1,568.0000

Date 7/16/2015

I, JEANNIE THWAITES CONTROLLER  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by  
ADVANCED POWER CONTROL, INC

(Contractor or Subcontractor) on the

Mary Switzer Bldg : that during the payroll period commencing on the

6 day of July, 2015, and ending the 12 day of July, 2015,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

ADVANCED POWER CONTROL, INC from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications  
set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship  
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and  
Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered  
with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ -- in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such employees,  
except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ -- Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
Jeannie Thwailes - Controller	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	



PAYROLL

Contractor's Optional Use: See instruction at <http://www.dol.gov/whd/forms/wh347instr>.

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number



U.S. Wage and Hour Division

Rev. Dec. 2008

OMB No.: 1235-0008

Expires: 02/28/2018

PROJECT/CONTRACT NO.

GS11P14MKC0010

ADDRESS

527 Chesapeake Ave Baltimore, MD 21225

Switzer Health & Human Services

PROJECT AND LOCATION

FOR WEEK ENDING

07/05/15

OR SUBCONTRACTOR

X

Capital Demolition LLC

NAME OF CONTRACTOR

35

PAYROLL No.

(1)

NAME AND INDIVIDUAL

IDENTIFYING NUMBER (e.g., LAST

FOUR DIGITS OF SOCIAL SECURITY

NUMBER) OF WORKER

Jobbi, Edward

(b) (6)

Linton III, Carl

(b) (6)

Linton, Tyler

(b) (6)

Rys, James

(b) (6)

CLASSIFICATION

WORK

CLASSIFICATION

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OTHER DEDUCTIONS KEY CODING:

#1 Child Support

#3 Medical

#2 Union Dues

#4 Garnishments

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a).

The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week."

U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5 (a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Sunburst Software Solutions, Inc.

www.CertifiedPayrollReports.com

Date: 07/13/2015

I, **James Zeleny** (Name of Signatory Party), **President** (Title) do hereby state:

- (1) That I pay or supervise the payment of the persons employed by **Capital Demolition LLC (Contractor or Subcontractor)** on the **Grunley Construction Company GS11P14MKC0010 (Building or Work)**; that during the payroll period commencing on the **29th** day of **June, 2015**, and ending the **5th** day of **July, 2015**, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said **Capital Demolition LLC (Contractor or Subcontractor)** from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

**Deductions are based on gross wages and include but are not limited to: Federal Withholding, FICA, Medicare, State Withholding, State Disability Insurance, Union Deductions, Child Support or Other Garnishments. Explanations for deductions listed in the "Other" Column are described on the Certified Payroll Report.**

- (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.
- (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

- (4) That:
- (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  
☐ - In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below
- (b) WHERE FRINGE BENEFITS ARE PAID IN CASH  
☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the

amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
James Zeleny, President	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	

Revised December 2008, Expires 01/31/2018.



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒ ADDRESS 935 BRENTWOOD RD NE WASHINGTON, DC 20018 PROJECT OR CONTRACT NO. G14.0312.1400

PAYROLL NO. 12 FOR WEEK ENDING 07/12/2015 PROJECT AND LOCATION MARY E SWITZER (HHSC) 330 C ST. SW WASHINGTON, DC 20230

(1)  NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2)  NO OF EXEMPTIONS WITHHOLDING	(3)  WORK CLASSIFICATION	(4) DAY AND DATE							(5)  TOTAL HOURS	(6)  RATE OF PAY	(7)  GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9)  NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY															
			6	7	8	9	10	11	12									
			M	T	W	TH	F	S	S									
NO WORK PERFORMED			O															
			S															
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.



☐ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Wage and Hour Division

## PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dol.gov/esa/whd/forms/wh347instr.htm](http://www.dol.gov/esa/whd/forms/wh347instr.htm))

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB No.: 1235-0008	
Federal Painting, Inc.		45915 Maries Road # 132		Expires: 1/31/2015	
Dulles, VA 20166		PROJECT AND LOCATION		PROJECT OR CONTRACT NO.	
Mary E. Switzer - HHSC : Painting		15020 Shady Grove Road # 500		GS-11P-14-MK-C-0010	
Rockville, MD 20850		FOR WEEK ENDING			
PAYROLL NO. 21		07/12/2015			

[illegible]

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3) (i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

## Public Burden Statement

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W. Washington, D. C. 20210.



Date 07/16/2015  
I, Patty Simons Vice President  
(Name of Signatory Party) (Title)  
do hereby state:  
(1) That I pay or supervise the payment of the persons employed by  
Federal Painting, Inc. on the

(Contractor or Subcontractor)  
Mary E. Switzer - HHSC : Painting ; that during the payroll period commencing  
(Building or Work)  
on the 06 day of July, 2015, and ending the 12 day of July,  
2015, all persons employed on said project have been paid the full weekly wages earned,  
that no rebates have been or will be made either directly or indirectly to or on behalf of said  
Federal Painting, Inc. from the  
(Contractor or Subcontractor)

full weekly wages earned by any person and that no deductions have been made either  
directly or indirectly from the full wages earned by any person, other than permissible  
deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary  
of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967;  
76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the  
above period are correct and complete; that the wage rates for laborers or mechanics  
contained therein are not less than the applicable wage rates contained in any wage  
determination incorporated into the contract, that the classifications set forth therein for  
each laborer or mechanic conform with the work he performed.  
(3) That any apprentices employed in the above period are duly registered in a bona  
fide apprenticeship program registered with a State apprenticeship agency recognized by  
the Bureau of Apprenticeship and Training, United States Department of Labor, or if no  
such recognized agency exists in a State, are registered with the Bureau of Apprenticeship  
and Training, United States Department of Labor.

(4) That:  
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  
☒ -In addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such  
employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH  
☐ -Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
Patty Simons Vice President	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	



U.S. Department of Labor  
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dol.gov/esa/whd/forms/wh347instr.htm](http://www.dol.gov/esa/whd/forms/wh347instr.htm))  
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U.S. Wage and Hour Division  
Rev. Dec 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS 45915 Maries Road # 132 Dulles, VA 20166		OMB No.: 1235-0008 Expires: 1/31/2015	
PAYROLL NO. 16		FOR WEEK ENDING 06/07/2015		PROJECT AND LOCATION Mary E. Switzer - HHSC - Painting 15020 Shady Grove Road # 500 Rockville, MD 20850	
PROJECT OR CONTRACT NO. GS-11P-14-MK-C-0010					

  

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) # Ex	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED PROJECT / ALL	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK			
			HOURS WORKED EACH DAY										FICA	WITH- HOLDING TAX	STATE TAX	LOCAL TAX		OTHER	TOTAL DED.	
			06/01	06/02	06/03	06/04	06/05	06/06	06/07											
Lucas Escobar (b) (6)	1	Pain0051-015 - painter	O	O	O	O	O	O	O	0	0	37.34	796.48	45.00	94.17	0.00	0.00	0.00	139.17	657.31
Reynaldo Gomez (b) (6)	0	Pain0051-015 - painter	S	8	0	8	8	0	0	0	32	24.89	796.48	56.25	162.22	0.00	0.00	0.00	218.47	777.13
			O	O	O	O	O	O	O	0	0	37.34	995.60							
			S	8	8	8	8	0	0	40	24.89	995.60								
			O																	
			S																	
			O																	
			S																	
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			S																	
			O																	
			S																	

Public Burden Statement

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C. F. R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C. F. R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Date 06/09/2015  
I, Patty Simons Vice President  
(Name of Signatory Party) (Title)  
do hereby state:  
(1) That I pay or supervise the payment of the persons employed by  
Federal Painting, Inc. on the

(Contractor or Subcontractor)  
Mary E. Switzer - HHSC : Painting : that during the payroll period commencing  
(Building or Work)  
on the 01 day of June, 2015, and ending the 07 day of June  
2015, all persons employed on said project have been paid the full weekly wages earned,  
that no rebates have been or will be made either directly or indirectly to or on behalf of said  
Federal Painting, Inc. from the  
(Contractor or Subcontractor)

full weekly wages earned by any person and that no deductions have been made either  
directly or indirectly from the full wages earned by any person, other than permissible  
deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary  
of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967;  
76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the  
above period are correct and complete; that the wage rates for laborers or mechanics  
contained therein are not less than the applicable wage rates contained in any wage  
determination incorporated into the contract; that the classifications set forth therein for  
each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona  
fide apprenticeship program registered with a State apprenticeship agency recognized by  
the Bureau of Apprenticeship and Training, United States Department of Labor, or if no  
such recognized agency exists in a State, are registered with the Bureau of Apprenticeship  
and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ -In addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such  
employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ -Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE	SIGNATURE
Patty Simons Vice President	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	



**CONTRACTOR'S WEEKLY PAYROLL STATEMENT**

PAYROLL NUMBER

**39**

PAYROLL DATE

**July 26, 2015**

GROSS AMOUNT

**\$1,981.20**

I, Angela Cain, Certified Payroll Department, do hereby state:

1) That I pay or supervise the payment of the persons employed by GRUNLEY CONSTRUCTION CO., INC. on Contract Number GS11P14MKC0010 at the SWITZER HHSC (14-0312-1400), Washington, D.C. payroll period commencing on the **20th day of July 2015 and ending on the 26th day of July 2015**, all persons employed on the said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on the behalf of said GRUNLEY CONSTRUCTION CO., INC., from the full weekly wages earned by any person, and that no deductions have been made or will be made, either directly or indirectly, from the weekly wages earned by any person, other than permissible deductions, as defined in the Regulations under the Copeland (Anti-Kickback) Act (40 U.S. C. 276(c) as amended) and described below.

"See payroll attached and referenced above, which is incorporated in and made a part of this statement."

2) That the payrolls submitted for the above period are correct and complete; that the wage rates for laborers and mechanics contained therein are not less than the minimum wage rates shown in the contract; and that the classifications therein set forth for each laborer and mechanic conform with the work he performed.

3) That all apprentices employed on the contract during the above payroll period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Federal Committee on Apprenticeship, U.S. Department of Labor, or if no such recognized agency exist in a State, are registered with the Bureau of Apprenticeship, U.S. Department of Labor.

4) That:

(a) **WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each Laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) **EXCEPTIONS**

**EXCEPTION (CRAFT)****EXPLANATION****NAME AND TITLE***Angela Cain, Accounting Supervisor***SIGNATURE****(b) (6)**

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE



# Certified Payroll Report

For the Period Ending: 07-26-15

Job: 14-0312-1400 SWITZER HHSC

WASHINGTON, DC

RONNIE ASHTON		07-20	07-21	07-22	07-23	07-24	07-25	07-26	Total	Cash	Hrly	Gross	Total	FICA	FWH	SWH	Other	Net
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours	Fringe	Fringe	This Job	Gross	FICA	SUI/SDI	Deducts		
(b) (6)	Black	8.00	8.00	8.00	8.00	8.00			40.00	27.56		1,102.40	1,102.40	65.12	44.69	46.10		862.16
MI - 5	CARPENTER Reg											1,102.40	1,102.40	84.33				

MILAGRO DE JESUS GUERRA (b) (6) UN - UNSKILLED LABORE Reg	07-20	07-21	07-22	07-23	07-24	07-25	07-26	Total	Cash	Hrly	Gross	Total	FICA	FWH	SWH	Other	Net
	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours	Fringe	Fringe	This Job	Gross	FICA	SUI/SDI	Deducts		
	8.00	8.00	8.00	8.00	8.00			40.00	21.97		878.80	878.80	62.24	54.93	26.36		668.03
											878.80		67.24				

## Totals for SWITZER HHSC

[illegible]

Job:	14-0312-1400	SWITZER HHSC	For the Period Ending:	07-26-2015
	WASHINGTON	DC		
Employee	Employee Name	Fringe ID	Amount	
ASH04	RONNIE ASHTON	UNION FRNG	355.60	
			<u>355.60</u>	
GUE01	MILAGRO DE JESUS GUERRA	401-K MCH	26.36	
		HOSP - S	102.85	
			<u>129.21</u>	

**CONTRACTOR'S WEEKLY PAYROLL STATEMENT**

PAYROLL NUMBER	PAYROLL DATE	GROSS AMOUNT
38	July 19, 2015	\$1,981.20

I, Angela Cain, Certified Payroll Department, do hereby state:

1) That I pay or supervise the payment of the persons employed by GRUNLEY CONSTRUCTION CO., INC. on Contract Number GS11P14MKC0010 at the SWITZER HHSC (14-0312-1400), Washington, D.C. payroll period commencing on the 13th day of July 2015 and ending on the 19th day of July 2015, all persons employed on the said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on the behalf of said GRUNLEY CONSTRUCTION CO., INC., from the full weekly wages earned by any person, and that no deductions have been made or will be made, either directly or indirectly, from the weekly wages earned by any person, other than permissible deductions, as defined in the Regulations under the Copeland (Anti-Kickback) Act (40 U.S. C. 276(c) as amended) and described below.

"See payroll attached and referenced above, which is incorporated in and made a part of this statement."

2) That the payrolls submitted for the above period are correct and complete; that the wage rates for laborers and mechanics contained therein are not less than the minimum wage rates shown in the contract; and that the classifications therein set forth for each laborer and mechanic conform with the work he performed.

3) That all apprentices employed on the contract during the above payroll period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Federal Committee on Apprenticeship, U.S. Department of Labor, or if no such recognized agency exist in a State, are registered with the Bureau of Apprenticeship, U.S. Department of Labor.

4) That:

(a) **WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each Laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION
NAME AND TITLE	SIGNATURE
Angela Cain, Accounting Supervisor	(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE



Job:	14-0312-1400	SWITZER HHSC	For the Period Ending:	07-19-2015
	WASHINGTON	DC		
Employee	Employee Name	Fringe ID	Amount	
ASH04	RONNIE ASHTON	UNION FRNG	355.60	
			<u>355.60</u>	
GUE01	MILAGRO DE JESUS GUERRA	401-K MCH	26.36	
		HOSP - S	79.12	
			<u>105.48</u>	

For the Period Ending:

Job: 14-0312-1400

WASHINGTON, DC

		07-13	07-14	07-15	07-16	07-17	07-18	07-19	Total	Cash	Hrly	Gross	Total	FHW	SWH	Other	Net
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hours	Fringe	Fringe	This Job	Gross	FICA	SUI/SDI	Deducts	
RONNIE ASHTON	Black								40.00			1,102.40	1,433.12	114.73	60.40	59.72	1,088.63
(b) (6)	Male	8.00	8.00	8.00	8.00	8.00						1,102.40	1,433.12	114.73	60.40	59.72	1,088.63
MI - 5	CARPENTER Reg											1,102.40	1,433.12	114.73	60.40	59.72	1,088.63
MILAGRO DE JESUS GUERRA	Hispanic								40.00			878.80	1,142.44	95.61	72.61	67.57	821.80
(b) (6)	Feml	8.00	8.00	8.00	8.00	8.00						878.80	1,142.44	95.61	72.61	67.57	821.80
MI - 5	UNSKILLED LABORE Reg											878.80	1,142.44	95.61	72.61	67.57	821.80

Totals for SWITZER HHSC

[illegible]

**CONTRACTOR'S WEEKLY PAYROLL STATEMENT**

PAYROLL NUMBER

37

PAYROLL DATE

July 12, 2015

GROSS AMOUNT

\$2,863.12

I, Angela Cain, Certified Payroll Department, do hereby state:

1) That I pay or supervise the payment of the persons employed by GRUNLEY CONSTRUCTION CO., INC. on Contract Number GS11P14MKC0010 at the SWITZER HHSC (14-0312-1400), Washington, D.C. payroll period commencing on the 6th day of July 2015 and ending on the 12th day of July 2015, all persons employed on the said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on the behalf of said GRUNLEY CONSTRUCTION CO., INC., from the full weekly wages earned by any person, and that no deductions have been made or will be made, either directly or indirectly, from the weekly wages earned by any person, other than permissible deductions, as defined in the Regulations under the Copeland (Anti-Kickback) Act (40 U.S. C. 276(c) as amended) and described below.

"See payroll attached and referenced above, which is incorporated in and made a part of this statement."

2) That the payrolls submitted for the above period are correct and complete; that the wage rates for laborers and mechanics contained therein are not less than the minimum wage rates shown in the contract; and that the classifications therein set forth for each laborer and mechanic conform with the work he performed.

3) That all apprentices employed on the contract during the above payroll period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Federal Committee on Apprenticeship, U.S. Department of Labor, or if no such recognized agency exist in a State, are registered with the Bureau of Apprenticeship, U.S. Department of Labor.

4) That:

(a) **WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) **WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each Laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) **EXCEPTIONS**

EXCEPTION (CRAFT)	EXPLANATION
NAME AND TITLE	SIGNATURE
Angela Cain, Accounting Supervisor	(b) (6)

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10

07-12-15

SWITZER HHSC

WASHINGTON, DC

	07-06	07-07	07-08	07-09	07-10	07-11	07-12	Total Hours	Cash Fringe	Hrly Fringe	Gross This Job	Total Gross	FICA	SWH SUI/SDI	Other Deducts	Net
RONNIE ASHTON (b) (6) Black M - 5 CARPENTER Reg	8.00	8.00	8.00	8.00	8.00		Sun	40.00	27.56		1,102.40	1,102.40	65.12	44.69	46.10	862.15
											1,102.40		84.34			
MILAGRO DE JESUS GUERRA (b) (6) Hispanic Femil M - UNSKILLED LABORE Reg	8.00	8.00	8.00	8.00	8.00		Sun	40.00	21.97		878.80	1,142.44	95.60	72.61	67.60	821.79
											878.80		84.84			
PAULO VASQUEZ (b) (6) Hispanic Male M - 1 CARPENTER Reg	8.00	8.00	8.00	8.00	8.00		Sat	32.00	27.56		881.92	1,102.40	111.27	84.58	46.10	776.12
											881.92		84.33			

SWITZER HHSC

[illegible]

Job: 14-0312-1400 SWITZER HHSC For the Period Ending: 07-12-2015

WASHINGTON DC

Employee	Employee Name	Fringe ID	Amount	Hourly Rate
ASH04	RONNIE ASHTON	UNION FRNG	355.60	8.89
			<u>355.60</u>	<u>8.89</u>
GUE01	MILAGRO DE JESUS GUERRA	401-K MCH HOSP - S	26.35 79.10	.66 1.98
			<u>105.45</u>	<u>2.64</u>
VAS03	PAULO VASQUEZ	UNION FRNG	284.48	7.11
			<u>284.48</u>	<u>7.11</u>



U.S. Wage and Hour Division

Rev. Dec. 2008

U.S. Department of Labor  
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

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NAME OF CONTRACTOR LSSI	OMB No.: 1235-0008 Expires: 02/28/2018
OR SUBCONTRACTOR <input type="checkbox"/>	PROJECT OR CONTRACT NO. SUB - SINGLETON ELECTRIC

PAYROLL NO. 28	FOR WEEK ENDING 07/11/2015	PROJECT AND LOCATION 14138-MARY SWITZER DHHS CONSOL
-------------------	-------------------------------	--------------------------------------------------------

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Emp	(3) Work Classification	Earn Code	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week		
				HOURS WORKED EACH DAY										FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other	Total Deductions
				SUN 07/05	MON 07/06	TUE 07/07	WED 07/08	THU 07/09	FRI 07/10	SAT 07/11										
				No Work This Period																

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 20 C.F.R. §§ 3.3, 5.5(e). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.



Date 07/17/15

I, Rhonda Thompson Payroll Admin  
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

on the

LSSI

(Contractor or Subcontractor)

MARY SWITZER DHHS CONSOL ; that during the payroll period commencing on the

(Building or Work)

5th day of July, 2015, and ending the 11th day of July 2015,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

from the full

LSSI

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Any questions, please contact me at: 703-631-7476

Fringes include: Life Insurance, Health Insurance, Sick Leave,

Vacation Leave, Holidays, 401k Contributions

NAME AND TITLE	SIGNATURE
Rhonda Thompson Payroll Admin	(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

NAME OF CONTRACTOR <input checked="" type="checkbox"/> OR SUBCONTRACTOR <input type="checkbox"/>		ADDRESS 7170 Gary Road Manassas, VA 20109		OMB No.: 1235-0008 Expires: 02/28/2018	
PAYROLL NO. 27		FOR WEEK ENDING 07/04/2015	PROJECT AND LOCATION 14138-MARY SWITZER DHHS CONSOL	PROJECT OR CONTRACT NO. SUB - SINGLETON ELECTRIC	

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	Earn Code	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS					(9) Net Wages Paid For Week	
				HOURS WORKED EACH DAY										FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	Other		Total Deductions
				SUN	MON	TUE	WED	THU	FRI	SAT										
				06/28	06/29	06/30	07/01	07/02	07/03	07/04										
No Work This Period																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 20 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date 07/09/15

I, Rhonda Thompson Payroll Admin  
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

LSSI on the

(Contractor or Subcontractor)  
MARY SWITZER DHHS CONSOL ; that during the payroll period commencing on the  
(Building or Work)

28th day of June, 2015, and ending the 4th day of July 2015,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

LSSI from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations,  
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48  
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period  
are correct and complete; that the wage rates for laborers or mechanics contained therein are not less  
than the applicable wage rates contained in any wage determination incorporated into the contract; that  
the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide appren-  
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-  
ticeship and Training, United States Department of Labor, or if no such recognized agency exists in a  
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such  
employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

Any questions, please contact me at: 703-631-7476

Fringes include: Life Insurance, Health Insurance, Sick Leave,

Vacation Leave, Holidays, 401k Contributions

NAME AND TITLE	SIGNATURE
Rhonda Thompson Payroll Admin	(b) (6)
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	



Singleton Electric Company, Inc.  
Wage and Hours Report  
Statement of Compliance

Job# 1419

Week Ending: 7/26/2015

CP# 40

Employer:

Singleton Electric Company, Inc.  
7860 Cessna Ave.  
Gaithersburg, MD 20879

Project:

Switzer HHS Consolidation  
330 C St SW  
Washington, DC 20230  
Job# 1419

To: Grunley Construction Co.  
15020 Shady Grove Rd #500  
Rockville, MD 20850  
Contract# GS-11P-14-MKC-0010

FOR THE PAY PERIOD BEGINNING 7/20/2015 AND ENDING 7/26/2015

I, Erin Weidemann, Controller do hereby state:

1) That I pay or supervise the payment of persons employed by Singleton Electric Co., Inc. on the above referenced project, during the time period shown above. All persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Singleton Electric Co., Inc. from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, and all subsequent amendments.

2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she

3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or, if no such agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, no exceptions.

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

Remarks: Fringe benefits for Union members are paid to applicable unions for Health /Welfare, Retirement, Apprenticeship Training, etc. Miscellaneous deductions include union dues and garnishments.

Name and Title:

(b) (6)

Erin Weidemann, Controller

Signature:

BLOSS,Russell John-Henry																
IBEW 26 JA -04																
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
REG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00			32.27			
OT	0.0	0.0	0.0	0.0	0.0	0.0	8.0	64.20	16.09	513.60	2,225.60	477.54	137.98	119.70	44.51	1,413.60
Journeyman Electrician																
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
DOLL0 Dolan;Lawrence																
IBEW 26 AP -02																
REG	10.0	10.0	10.0	10.0	0.0	0.0	40.0	23.14	6.90	925.52			13.42			
OT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00	925.52	100.97	57.38	60.74	9.26	683.75
Apprentice 47%																
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
ESDC0 Esders;Christopher Joseph																
IBEW 26 AA -03																
REG	8.0	0.0	8.0	8.0	8.0	0.0	32.0	21.40	9.60	684.80			9.93			
OT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00	684.80	87.22	42.46	30.70	6.85	507.64
Apprentice 50%																
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
HARM1 Harrigan;Michael Wayne																
IBEW 26 JA -04.1																
REG	0.0	0.0	0.0	8.0	8.0	0.0	16.0	43.80	15.47	700.80			33.03			
OT	0.0	0.0	0.0	0.0	8.0	0.0	8.0	65.70	16.13	525.60	2,277.60	492.10	141.21	178.80	47.95	1,384.51
Journeyman Electrician																
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
JONJ0 Jones;Joshua Davis																
IBEW 26 AA -05																
REG	8.0	8.0	8.0	8.0	0.0	0.0	40.0	29.96	9.86	1,198.40			17.37			
OT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00	1,198.40	188.42	74.30	87.32	86.75	744.24
Apprentice 70%																
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
KNIA0 Knights;Adrian Cleveland																
IBEW 26 JA -04																
REG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00			32.28			
OT	0.0	0.0	0.0	0.0	8.0	0.0	8.0	64.20	16.09	513.60	2,225.60	456.00	137.99	169.49	46.91	1,382.93
Journeyman Electrician																
Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
MASM0 Mason;Maurice Lorenzo																
IBEW 26 AA -03																
REG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00			13.66			
OT	0.0	0.0	0.0	0.0	8.0	0.0	8.0	32.10	9.92	256.80	941.60	104.99	58.38	51.00	9.42	704.15
Apprentice 50%																

**Singleton Electric Company, Inc.**  
**Wage and Hours Report**  
**Statement of Compliance**

Job# 1419

Week Ending: 7/26/2015

CP# 40

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
MCCJ0 McCoy;Justin Allen		IBEW 26 JA -04																
Journeyman Electrician	REG	10.0	10.0	10.0	10.0	0.0	0.0	0.0	40.0	49.22	15.64	1,968.80	2,482.40	484.83	36.00	180.00	305.32	1,322.34
	OT	0.0	0.0	0.0	0.0	0.0	8.0	0.0	8.0	64.20	16.09	513.60						
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
POLJ0 Polk;James Clayton		IBEW 26 JA -01																
Electrical Supervisor	REG	0.0	0.0	0.0	0.0	3.0	0.0	0.0	3.0	70.00	16.26	210.00	2,800.00	477.64	40.60	201.96	56.00	1,850.20
	OT	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00						
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
ROBM0 Robinson;Michael Vaughn		IBEW 26 JA -02.4																
Electrical Foreman	REG	8.0	8.0	8.0	8.0	8.0	0.0	0.0	40.0	46.80	15.56	1,872.00	2,433.60	514.24	35.29	171.61	48.67	1,512.91
	OT	0.0	0.0	0.0	0.0	0.0	8.0	0.0	8.0	70.20	16.27	561.60						
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
SPES0 Sperry;Shawn Lee		IBEW 26 AA -06																
Apprentice 80%	REG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00	1,780.48	203.53	25.82	92.05	17.80	1,330.89
	OT	0.0	0.0	0.0	0.0	0.0	8.0	0.0	8.0	51.36	10.50	410.88						
		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Tot Hrs	Wage Rate	Fringe Rate	Job Gross Pay	Gross Pay	FWH	MED FICA	State WH	Misc Deducts	Net Pay
TOVC0 Tovar;Christopher Jarrett		IBEW 26 JA -04																
Journeyman Electrician	REG	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00	0.00	0.00	1,883.20	267.68	27.31	100.01	37.66	1,333.78
	OT	0.0	0.0	0.0	0.0	0.0	8.0	0.0	8.0	64.20	16.09	513.60						
Job Totals:												7,560.32						
												3,809.28						



Singleton Electric Co., Inc.  
Wage and Hours Report  
Statement of Compliance

SECO Job#: 1419

Week Ending: 7/19/2015

CP#: 39	Project: Switzer HHS Consolidation 330 C St SW Washington, DC 20230 SECO Job#: 1419	Employer: Singleton Electric Co. Inc. 7860 Cessna Avenue Gaithersburg, MD 20879	Grunley Construction Co.  15020 Shady Grove Rd #500 Rockville, MD 20850
<p>FOR THE PAY PERIOD BEGINNING <b>07/13/2015</b> AND ENDING <b>7/19/2015</b></p> <p>I, Erin K. Weidemann, Controller, do hereby state:</p> <p>1) That I supervise the payment of persons employed by Singleton Electric Co., Inc. on the above referenced project, during the time period shown above. All persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Singleton Electric Co., Inc. from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, and all subsequent amendments.</p> <p>2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.</p> <p>3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or, if no such agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.</p> <p>4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, no exceptions.</p>			<p>The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.</p> <p>Remarks: Fringe benefits for Union members are paid to applicable unions for Health/Welfare, Retirement, Apprenticeship, etc. Miscellaneous deductions include union dues and garnishments.</p>
Name and Title:			Signature:
Erin K. Weidemann, Controller			(b) (6)

Week Ending: **7/19/2015**

			Jul13	Jul14	Jul15	Jul16	Jul17	Jul18	Jul19	Total Hrs	Rate	GrossPay	Check Gross	WH Taxes	Misc Deds	Ck Net	Fringes
BLORO	Bloss;Russell John-Henry																
Journeyman Electrician	ELEC0026	Regular	8.0	8.0	8.0	8.0	8.0			40.00	42.80	1,712.00	1,712.00	557.20	34.24	1,120.56	613.36
DOLLO	Dolan;Lawrence																
Apprentice 47%	ELEC0026	Regular		8.0	8.0	8.0	8.0			32.00	20.12	643.84	643.84	145.59	6.44	491.81	214.52
ESDCO	Esders;Christopher Joseph																
Apprentice 50%	ELEC0026	Regular	8.0	3.0	8.0	8.0	8.0			35.00	21.40	749.00	749.00	187.89	7.49	553.62	332.22
JONJO	Jones;Joshua Davis																
Apprentice 70%	ELEC0026	Regular	8.0	8.0	8.0	8.0	8.0			32.00	29.96	958.72	958.72	270.12	84.36	604.24	311.96
MCCJO	McCoy;Justin Allen																
Journeyman Electrician	ELEC0026	Regular	8.0	8.0	8.0	8.0	8.0			40.00	42.80	1,712.00	1,712.00	523.33	289.51	899.16	613.36
POLJO	Polk;James Clayton																
Electrical Supervisor	ELEC0026	Regular				3.0				3.00	70.00	210.00	2,800.00	893.80	56.00	1,850.20	652.35
ROBMO	Robinson;Michael Vaughn																
Electrical Foreman	ELEC0026	Regular	8.0	8.0	8.0	8.0				32.00	46.80	1,497.60					
Electrical Foreman	ELEC0026	Regular					8.0			8.00	46.80	374.40	1,872.00	629.74	37.44	1,204.82	505.76

Singleton Electric Co., Inc.  
Wage and Hours Report  
Statement of Compliance

SECO Job#: 1419

Week Ending: 7/12/2015

CP#: 38	Project: Switzer HHS Consolidation 330 C St SW Washington, DC 20230 SECO Job#: 1419	Grunley Construction Co. 15020 Shady Grove Rd #500 Rockville, MD 20850
Employer: Singleton Electric Co. Inc. 7860 Cessna Avenue Gaithersburg, MD 20879		

FOR THE PAY PERIOD BEGINNING 07/06/2015 AND ENDING 7/12/2015

I, Erin K. Weidemann, Controller, do hereby state:

1) That I supervise the payment of persons employed by Singleton Electric Co., Inc. on the above referenced project, during the time period shown above. All persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said Singleton Electric Co., Inc. from the full weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, and all subsequent amendments.

2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he/she performed.

3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or, if no such agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4) That (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, no exceptions.

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution. See Section 1001 of Title 18 and Section 231 of Title 31 of the United States Code.

Remarks: Fringe benefits for Union members are paid to applicable unions for Health/Welfare, Retirement, Apprenticeship, etc. Miscellaneous deductions include union dues and garnishments.

Name and Title:

Signature:

Erin K. Weidemann, Controller

(b) (6)



**Singleton Electric Co., Inc.**  
**Wage and Hours Report**  
**Statement of Compliance**

SECO Job#: 1419

Week Ending: 7/12/2015

	Jul6	Jul7	Jul8	Jul9	Jul10	Jul11	Jul12	Total Hrs	Rate	Gross Pay	Check Gross	WH Taxes	Misc Deds	Ck Net	Fringes
BLOOR0 Bloss;Russell John-Henry Journeyman Electrician	Regular	8.0	8.0	8.0	8.0			32.00	42.80	1,369.60	1,369.60	425.70	27.39	916.51	490.69
DOLL0 Dolan;Lawrence Apprentice 47%	Regular	8.0	8.0	8.0	8.0			32.00	20.12	643.84	643.84	145.58	6.44	491.82	214.52
ESDC0 Esders;Christopher Joseph Apprentice 50%	Regular	8.0	8.0	8.0	8.0			32.00	21.40	684.80	684.80	170.31	6.85	507.64	303.74
JONJ0 Jones;Joshua Davis Apprentice 70%	Regular	8.0	8.0	8.0	8.0			32.00	29.96	958.72	958.72	270.11	84.36	604.25	311.96
MCCJ0 McCoy;Justin Allen Journeyman Electrician	Regular	8.0	8.0	8.0	8.0			40.00	42.80	1,712.00	1,712.00	523.33	289.51	899.16	613.36
POLJ0 Polk;James Clayton Electrical Supervisor	Regular	8.0	8.0	8.0	8.0			2.00	70.00	140.00	140.00				
ROBM0 Robinson;Michael Vaughn Electrical Foreman	Regular	8.0	8.0	8.0	8.0			40.00	46.80	1,872.00	1,872.00	893.80	56.00	1,850.20	650.23
SPES0 Sperry;Shawn Lee Apprentice 80%	Regular	8.0	8.0	8.0	8.0			40.00	34.24	1,369.60	1,369.60	872.01	48.67	1,512.92	747.41
		8.0	8.0	8.0	8.0			40.00	34.24	1,369.60	1,369.60	313.03	13.70	1,042.87	395.09

	Hours	Gross Pay
Regular Totals	250.0	8,750.56
Overtime Totals	0.0	0.00



U.S. Department of Labor  
Wage and Hour Division

**PAYROLL**  
(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS 5113 Benwyn Road College Park, MD 20740	OMB No.: 1235-0008 Expires: 01/31/2015
Strickland Fire Protection Inc	PROJECT AND LOCATION 2014147-Switzer Bldg - HHS	Rev. Dec. 2008
PAYROLL NO. 27	FOR WEEK ENDING 07/18/2015	PROJECT OR CONTRACT NO.

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week		
			(4) DAY AND DATE										FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions		Other	Total Deductions
			SUN 07/12	MON 07/13	TUE 07/14	WED 07/15	THU 07/16	FRI 07/17	SAT 07/18										
Rocko Jr., Jeffrey M	S1	Labor	HOURS WORKED EACH DAY										45.37	61.92	36.04			143.33	449.79
(b) (6)																			
Rocko Sr., Jeffrey M	M4	Sprinkler Fitter	FSR		8.00					8.00	15.84/2.30	376.48	105.69	96.08	71.52			373.71	849.48
(b) (6)												1,496.48				Other Detail:	Ded.	Amt.	
																	401K	149.65	
																	401LN	109.12	
																	AFLAC	33.39	
																	HLTH	81.55	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 20 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

*[Handwritten signature]*

## (b) WHERE FRINGE BENEFITS ARE PAID IN CASH

I, <u>R. A. Bogley IV</u>	<u>Accounting Manager</u>
(Name of signatory party)	(Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc  
on the

(Contractor or Subcontractor)

Switzer Bldg - HHS \_\_\_\_\_; that during the payroll period commencing on the \_\_\_\_\_  
(Building or Work)

	July	.2015.	and ending the	18th day of	July	2015.
12th day of						

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

FICA, Medicare, Federal/State/Local Withholding Taxes

## REMARKS:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

NAME AND TITLE

R. A. Bodlev IV

Accounting Manager

SIGNATURE

(b)(9)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 100 FOR TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



Employee	Trade	401K	HEALTH INS	HOL	LIFE INS	VAC	Total
ROC25 - Rocko Jr., Jeffrey M	Labor			0.320	0.020	0.160	0.500
ROC30 - Rocko Sr., Jeffrey M	Sprinkler Fitter		3.380	0.890	0.020	1.270	5.560



U.S. Department of Labor  
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS 5113 Berwyn Road College Park, MD 20740	OMB No.: 1235-0008 Expires: 01/31/2015
Strickland Fire Protection Inc	PROJECT AND LOCATION 2014147-Switzer Bldg - HHS	PROJECT OR CONTRACT NO.
PAYROLL NO. 26	FOR WEEK ENDING 07/11/2015	

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	(4) DAY AND DATE										(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS				(9) Net Wages Paid For Week
										FICA	Fed W/H Tax	State & Local W/H Tax				Union Deduc- tions	Other	Total Deductions		
			SUN	MON	TUE	WED	THU	FRI	SAT											
			07/05	07/06	07/07	07/08	07/09	07/10	07/11											
HOURS WORKED EACH DAY																				
Rocko Jr., Jeffrey M	S1	Labor	LBRF		7.00	8.00	8.00	8.00	8.00		31.00	15.84/2.30	562.34	43.02	57.31	33.80		134.13	428.2	
(b) (6)																				
Rocko Sr., Jeffrey M	M4	Sprinkler Fitter	FSR		7.00	8.00	8.00	8.00	8.00	8.00	39.00	35.00/12.06	1,835.34	131.61	141.83	94.54		775.57	1,059.7	
(b) (6)																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 20 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

Date07/17/15

I, R. A. Bogley IVAccounting Manager  
(Name of signatory party)(Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by  
Strickland Fire Protection Incon the  
(Contractor or Subcontractor)  
Switzer Bldg - HHS; that during the payroll period commencing on the  
(Building or Work)  
5th day of July, 2015, and ending the 11th day of July 2015,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said  
Strickland Fire Protection Inc. from the full  
(Contractor or Subcontractor)  
weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations,  
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48  
Stat. 948; 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

FICA, Medicare, Federal/State/Local Withholding Taxes

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

R. A. Bogley IV

Accounting Manager

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR  
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF  
TITLE 31 OF THE UNITED STATES CODE.

(2) That any payrolls otherwise under this contract required to be submitted for the above period  
are correct and complete; that the wage rates for laborers or mechanics contained therein are not less  
than the applicable wage rates contained in any wage determination incorporated into the contract; that  
the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide appren-  
ticeship program registered with a State apprenticeship agency recognized by the Bureau of Appren-  
ticeship and Training, United States Department of Labor; or if no such recognized agency exists in a  
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  
X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such  
employees, except as noted in Section 4(c) below.



Employee	Trade	401K	HEALTH INS	HOL	LIFE INS	VAC	Total
ROC25 - Rocko Jr., Jeffrey M	Labor			0.320	0.020	0.160	0.500
ROC30 - Rocko Sr., Jeffrey M	Sprinkler Fitter		3.380	0.890	0.020	1.270	5.560

**U.S. Department of Labor**  
Wage and Hour Division

**PAYROLL**  
(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



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Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS 5113 Berwyn Road College Park, MD 20740	PROJECT OR CONTRACT NO.
Strickland Fire Protection Inc		
PAYROLL NO. 23	FOR WEEK ENDING 06/20/2015	PROJECT AND LOCATION 2014147-Switzer Bldg - HHS
OMB No.: 1235-0008 Expires: 01/31/2015		

(1) Name and Individual Identifying number (e.g. last four digits of Social Security number) of worker	(2) # of W/H Exmp	(3) Work Classification	Earn Code	(4) DAY AND DATE							(5) Total Hours	(6) Rate of Pay Non-Hourly*	(7) Gross Amount Earned	(8) DEDUCTIONS					(9) Net Wages Paid For Week	
				SUN 06/14	MON 06/15	TUE 06/16	WED 06/17	THU 06/18	FRI 06/19	SAT 06/20				FICA	Fed W/H Tax	State & Local W/H Tax	Union Deduc- tions	Other		Total Deductions
				HOURS WORKED EACH DAY																
				No Work This Period																

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 20 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

**Public Burden Statement**

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, ESA, U. S. Department of Labor, Room S3502, 200 Constitution Avenue, N. W., Washington, D. C. 20210.

20140620

Date 07/17/15

I, R. A. Bogley IV Accounting Manager  
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise payment of the persons employed by

Strickland Fire Protection Inc on the

(Contractor or Subcontractor)

Switzer Bldg - HHS ; that during the payroll period commencing on the

(Building or Work)

14th day of June, 2015, and ending the 20th day of June 2015, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Strickland Fire Protection Inc from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4 (c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT) EXPLANATION

REMARKS:

NAME AND TITLE

R. A. Bogley IV

Accounting Manager

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1007 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



PAYROLL

(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS 1275 Alderman Drive Alpharetta, Ga	PROJECT OR CONTRACT NO. GS1P14MKC0010 & G14.312
PAYROLL NO. 31	FOR WEEK ENDING 07/19/2015	PROJECT AND LOCATION Mary Switzer HHSC

The Circle Group

(1)  NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2)  EXEMPTIONS WITHHOLDING NO OF	(3)  WORK CLASSIFICATION	(4) DAY AND DATE										(5)  TOTAL HOURS	(6)  RATE OF PAY	(7)  GROSS AMOUNT EARNED	(8)  DEDUCTIONS						(9)  NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY													FICA	WITH- HOLDING TAX	STATE	OTHER	TOTAL DEDUCTIONS		
			M	T	W	TH	F	S	S													
			13	14	15	16	17	18	19													
Cristian L Pizarro <b>(b) (6)</b>	O	CARP0132-008 Carpenter (Superintendent)																				
	S		8.00	8.00	8.00	8.00	8.00				40.00	32.00	\$1,280.00	\$127.30	\$116.62	\$84.33		\$328.25	\$951.75			
Alexis E Giron <b>(b) (6)</b>	O	PAIN0051-015 Drywall Finisher																				
	S		8.00	8.00	8.00	8.00	8.00			40.00	24.89	\$995.60	\$76.17	\$139.40	\$71.20	\$53.78	\$340.55	\$655.05				
Santos Melendez <b>(b) (6)</b>	O	CARP0132-008 Carpenter																				
	S		8.00	8.00	8.00	8.00	8.00			40.00	26.81	\$1,072.40	\$106.65	\$220.04	\$89.95	\$84.11	\$500.75	\$571.65				
Randy Rojas <b>(b) (6)</b>	O	PAIN0051-015 Drywall Finisher																				
	S		6.00	8.00	8.00	8.00	8.00			38.00	24.89	\$945.82	\$72.35	\$126.96	\$45.09	\$51.09	\$295.49	\$650.33				
Miguel E Dolmuz Martinez <b>(b) (6)</b>	O	SUDC2009-003 Laborer																				
	S		8.00	8.00	8.00	8.00	8.00			40.00	15.84	\$633.60	\$63.01	\$96.94	\$38.06		\$198.01	\$435.59				
	O																					
	S																					
	O																					
	S																					
	O																					
	S																					

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

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Date 7/21/2015

I, Amy Worthington (Name of Signatory Party) Payroll (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

The Circle Group (Contractor or Subcontractor) on the

Mary Switzer HHSC ; that during the payroll period commencing on the

13th day of July 2015, and ending the 19th day of July 2015,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

The Circle Group (Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE  
Amy Worthington  
Payroll

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1007 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.







Date 7/14/2015

I, Amy Worthington Payroll  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

The Circle Group  
(Contractor or Subcontractor) on the

Mary Switzer HHSC  
(Building or Work) ; that during the payroll period commencing on the

6th day of July, 2015, and ending the 12th day of July, 2015,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

The Circle Group  
(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

SIGNATURE

NAME AND TITLE  
Amy Worthington  
Payroll

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

7/22/2015

**Bowers & Associates, Inc.**  
**Certified Payroll**  
**Job Cost**

**Job:** 15008DC SWITZER HEALTH & HUMAN SERVICE  
**Address:** 330 C ST NW  
 WASHINGTON, DC 20001

**For the Week Ending** 7/19/2015

Name	Pay Code	Pay Rate	Mon 7/13	Tue 7/14	Wed 7/15	Thu 7/16	Fri 7/17	Sat 7/18	Sun 7/19	Total Hours	Job Earned Gross Pay	FICA SS FICA	State/Local Federal	Other Total Ded.	Net Pay
<b>Social Security # / Labor Class</b>															
Andalibi, Hossein S.	REG	42.24	8.00	6.00	0.00	2.00	0.00	0.00	0.00	16.00	675.84	104.76	109.87	118.98	1,179.42
											1689.60	24.50	152.07	510.18	

(b) (6) / SJ1 - SF#602 JOURNEYMAN I  
 Federal Class Code: PLUM0602-008

Every, Bryant	REG	42.24	0.00	0.00	4.00	0.00	0.00	0.00	0.00	4.00	168.96	116.73	130.05	(83.72)	1,138.68
											1689.60	27.30	360.56	550.92	

(b) (6) / SJ1 - SF#602 JOURNEYMAN I  
 Federal Class Code: PLUM0602-008

Noone, Leonard T.	REG	52.77	0.00	0.00	0.00	0.00	2.00	0.00	0.00	2.00	105.54	150.50	161.99	194.19	1,530.36
											2427.42	35.20	355.18	897.06	

(b) (6) / SJ1 - SF#602 JOURNEYMAN I  
 Federal Class Code: PLUM0602-008

DATE 22-Jul-15

I, MELISSA GEORGE (Name of Signatory Party) ACCOUNTANT (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:

W.E. BOWERS on the  
(Contractor or Subcontractor)

SWITZER HHS ; that during the payroll period commencing on the  
(Building or Work)

13 day of JULY, 2015, and ending the 19 day of JULY, 2015,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

W.E. BOWERS from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

MELISSA GEORGE - ACCOUNTANT

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.



37

DATE 15-Jul-15

I, MELISSA GEORGE ACCOUNTANT  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by:

W.E. BOWERS on the  
(Contractor or Subcontractor)  
SWITZER HHS : that during the payroll period commencing on 11  
(Building or Work)

6 day of JULY, 2015, and ending the 12 day of JULY, 2015.

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

W.E. BOWERS from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:  
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

MELISSA GEORGE - ACCOUNTANT

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Bowers & Associates, Inc.  
 Certified Payroll  
 Job Cost

SWITZER HEALTH & HUMAN SERVICE

WASHINGTON, DC 20001

7/15/2015

Address:

330 C ST NW

Job:

15008DC

For the Week Ending 7/12/2015

Name													
Social Security # / Labor Class													
Pay	Code	Rate	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Job Earned	FICA SS	State/Local
Net	Pay	Rate	7/6	7/7	7/8	7/9	7/10	7/11	7/12	Hours	Gross Pay	FICA	Other
Andalibi, Hossein S.	REG	42.24	4.00	4.00	0.00	0.00	0.00	0.00	0.00	16.00	675.84	136.18	148.15
											2196.48	31.85	241.62
													702.12
													144.32
													1,494.36
Federal Class Code: PLUM0602-008													
(b) (6) / SJ1 - SF#602 JOURNEYMAN I													
Benny, Lance R.	REG	43.24	0.00	0.00	0.00	2.00	0.00	0.00	0.00	2.00	86.48	131.37	136.07
											2118.76	30.72	203.93
													642.53
													140.44
													1,476.23
Federal Class Code: PLUM0602-008													
(b) (6) / SJ1 - SF#602 JOURNEYMAN I													
Brynn, Jesse A.	REG	42.64	8.00	8.00	0.00	0.00	0.00	0.00	0.00	16.00	682.24	105.75	127.65
											1705.60	24.74	204.04
													548.98
													86.80
													1,156.62
Federal Class Code: PLUM0005-008													
(b) (6) PJ1 - PJ3 JOURNEYMAN I													
Hom, Shane M.	REG	21.41	8.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	171.28	49.12	50.87
											792.17	11.49	53.20
													183.55
													18.87
													608.62
Federal Class Code: PLUM0005-008													
(b) (6) PA2 - PA5 APPRENTICE 2													
Federal Class Code: PLUM0005-008													

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	PROJECT OR CONTRACT NO.	OMB No.: 1235-0008 Expires: 01/31/2015
Wycliffe Enterprises, Inc dba Powercomm	1341 Hughes Ford Road, Suite 101 Frederick, MD 21701	GS11P14MKC0010 G14.312	

PAYROLL NO.	FOR WEEK ENDING	PROJECT AND LOCATION
23 NO WORK PERFORMED	07/18/2015	SWITZER HHSC

(1)  NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2)  NO. OF EXEMPTIONS WITHHOLDING	(3)  WORK CLASSIFICATION	(4) DAY AND DATE								(5)  TOTAL HOURS	(6)  RATE OF PAY	(7)  GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9)  NET WAGES PAID FOR WEEK
			HOURS WORKED EACH DAY							FICA				WITH- HOLDING TAX	STATE	OTHER	TOTAL DEDUCTIONS		
			S	M	T	W	T	F	S										
ARAUJO, ANTONIO (b) (6)	0	ELEC0026-016 ELECTRICIAN	O								\$69.60								
			S								46.40							15.65	
CROMARTIE, SHAUN (b) (6)	6	ELEC0026-017 ELECTRICAL INSTALLER	O								\$51.75								
			S								34.50							10.25	
ENYEW, MARKOS (b) (6)	1	ELEC0026-017 ELECTRICAL INSTALLER	O								\$42.08								
			S								28.05							8.99	
GAWTHORP, STERLING (b) (6) - FRINGES PAID TO HIM	0	ELEC0026-017 ELECTRICAL INSTALLER	O								\$40.58								
			S								27.05							8.85	
HAYMORE, JACOB (b) (6)	5	ELEC0026-017 ELECTRICAL INSTALLER	O								\$45.00								
			S								30.00							9.07	
PHAM, HUE VAN (b) (6) - FRINGES PAID TO HIM	2	ELEC0026-017 ELECTRICAL INSTALLER	O								\$40.58								
			S								27.05							8.85	
UM, JOSEPH (b) (6)	1	ELEC0026-017 ELECTRICAL INSTALLER	O								\$40.58								
			S								27.05							8.95	
NGWA, GERALD (b) (6)	3	TELECOM APPRENTICE YR 1	O								\$22.32								
			S								14.88							6.08	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a), The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210



Date 07/21/2015

I, Diana Richardson Accountant  
(Name of Signatory Party) (Title)  
do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Wycliffe Enterprises, Inc dba Powercomm on the  
(Contractor or Subcontractor)

Grunley Construction- Mary Switzer HHSC; that during the payroll period commencing on the  
(Building or Work)

12th day of July, 2015, and ending the 18th day of July, 2015,  
all persons employed on said project have been paid the full weekly wages earned, that no rebates have  
been or will be made either directly or indirectly to or on behalf of said

Wycliffe Enterprises, Inc dba Powercomm from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly  
from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part  
3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948,  
63 Stat. 108, 72 Stat. 967; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are  
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the  
applicable wage rates contained in any wage determination incorporated into the contract; that the  
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide  
apprenticeship program registered with the State apprenticeship agency recognized by the Bureau of  
Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a  
State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in  
the above referenced payroll, payments of fringe benefits as listed in the contract  
have been or will be made to appropriate programs for the benefit of such  
employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid,  
as indicated on the payroll, an amount not less than the sum of the applicable  
basic hourly wage rate plus the amount of the required fringe benefits as listed  
in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

Diana Richardson  
Accountant

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OFFICIAL STATEMENT MAY SUBJECT THE CONTRACTOR OR  
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE  
31 OF THE UNITED STATES CODE.

U.S. Department of Labor  
Wage and Hour Division

PAYROLL  
(For Contractor's Optional Use; See Instructions at [www.dol.gov/whd/forms/wh347instr.htm](http://www.dol.gov/whd/forms/wh347instr.htm))



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS 1341 Hughes Ford Road, Suite 101 Frederick, MD 21701	OMB No.: 1235-0008 Expires: 01/31/2015
PAYROLL NO. 22 NO WORK PERFORMED	PROJECT AND LOCATION SWITZER HHSC	PROJECT OR CONTRACT NO. GS11P14MKC0010 G14.312

PAYROLL NO.		FOR WEEK ENDING			07/11/2015										PROJECT AND LOCATION			PROJECT OR CONTRACT NO.		
22 NO WORK PERFORMED															SWITZER HHSC			GS11P14MKC0010 G14.312		
(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF EXEMPTIONS WITHHOLDING	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS				(9) NET WAGES PAID FOR WEEK			
			HOURS WORKED EACH DAY										WITH- HOLDING TAX	STATE	OTHER	TOTAL DEDUCTIONS				
			S 05	M 06	T 07	W 08	T 09	F 10	S 11											
ARALIO ANTONIO (b) (6)	0	ELEC0026-016 ELECTRICIAN									\$69.60									
											46.40 15.65									
CROMARTIE SHAUN (b) (6)	6	ELEC0026-017 ELECTRICAL INSTALLER									\$51.75									
											34.50 10.25									
ENYEW, MARKOS (b) (6)	1	ELEC0026-017 ELECTRICAL INSTALLER									\$42.08									
											28.05 8.99									
GAWTHORP, STERLING (b) (6)	0	ELEC0026-017 ELECTRICAL INSTALLER									\$40.58									
											27.05 8.85									
HAYMORE, JACOB (b) (6)	5	ELEC0026-017 ELECTRICAL INSTALLER									\$45.00									
											30.00 9.07									
PHAM, HUE VAN (b) (6)	2	ELEC0026-017 ELECTRICAL INSTALLER									\$40.58									
NON-UNION - FRINGES PAID TO HIM											27.05 8.85									
UM, JOSEPH (b) (6)	1	ELEC0026-017 ELECTRICAL INSTALLER									\$40.58									
											27.05 8.95									
NGWA, GERALD (b) (6)	3	TELECOM APPRENTICE YR 1									\$22.32									
											14.88 6.08									

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) requires contractors and subcontractors performing work on Federally financed or assisted construction contracts to "turnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(i) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)



Date 07/14/2015

I, Diana Richardson Accountant  
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Wycliffe Enterprises, Inc dba Powercomm on the  
(Contractor or Subcontractor)

Grunley Construction- Mary Switzer HHSC, that during the payroll period commencing on the  
(Building or Work)

5th day of July, 2015, and ending the 11th day of July, 2015,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

Wycliffe Enterprises, Inc dba Powercomm from the full  
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. § 3145), and described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE Diana Richardson Accountant	SIGNATURE (b) (6)
THE WILLFUL FALSIFICATION OF ANY OFFICIAL STATE AWARD, VESTED RIGHTS, OR OTHER BENEFIT OF A CONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.	